

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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For Official Use Only <div style="border: 1px solid black; border-radius: 50%; padding: 5px; text-align: center; width: 50px; margin: 0 auto;">             US Doc 54              Mar 7 2002              OMB              E              DRDA           </div>	1. FILE NUMBER <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em;">022-746</div>	2. PERIOD COVERED <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em;">             From 01 01 2001              Through 12 31 2001           </div>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>IMPORTANT</b> </div> <p>Peel off the address label from the back of the package and place it here.</p> <p>If the label information is correct, leave Items 4 through 8 blank.</p> <p>If any of the label information is incorrect, complete Items 4 through 8.</p>		4. MAILING ADDRESS ( <i>Type or print in capital letters.</i> ) <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">First Name RON</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Last Name STORMER</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">P.O. Box • Building and Room Number (<i>if any</i>)</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Number and Street 2431 Crittenden Dr. 205</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">City LOUISVILLE</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">State      ZIP Code + 4 KY 40217-</div>	
4. AFFILIATION OR ORGANIZATION NAME <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em;">Hotel Employees &amp; Restaurant</div>		6. DESIGNATION NUMBER <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em;">181</div>	
5. DESIGNATION ( <i>Local, Lodge, etc.</i> ) <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em;">Local 181</div>		7. UNIT NAME ( <i>if any</i> ) <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em;">Local 181</div>	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
75. ADDITIONAL INFORMATION ( <i>If more space is needed, attach additional pages properly identified.</i> )			
Item Number	<div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em;">             11 Officers &amp; Employees of the Locals of the HERE IU Pension Fund              P.O. Box 588, Naperville, IL. 60563              14 Audit by parent body auditor              19 Local is under International Trusteeship. Ron Stormer  <div style="text-align: right; margin-top: -10px;">International Trustee</div> </div>		
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: <u>Ron Stormer</u> <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em; margin-top: 5px;">             / / ( ) -              Date Telephone Number           </div>	Trustee PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Shirley Chess</u> <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em; margin-top: 5px;">             / / ( ) -              Date Telephone Number           </div>	TREASURER (If other title, see instructions.)

## During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒
12. Have a political action committee (PAC) fund? ..... ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☒
15. Discover any loss or shortage of funds or other property? ..... ☒  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? ..... 264
19. What is the date of your organization's next regular election of officers? ..... MO N/A YEAR
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500 000
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 30.00 - 30.86 per month (Month, Year, etc.)
(b) Initiation Fees	\$ 38.50 - 33.50
(c) Transfer Fees	\$ .25
(d) Work Permits	\$ 6.00 per day (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☐ No ☒  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 022-746

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash .....			128,303	141,588
	26. Accounts Receivable .....				
	27. Loans Receivable .....	1			
	28. U.S. Treasury Securities .....				
	29. Investments .....	2			
	30. Fixed Assets .....	5	1500	1250	
	31. Other Assets .....	3			
	32. TOTAL ASSETS .....		129,803	142,838	
LIABILITIES	LIABILITIES		From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item				
	33. Accounts Payable .....				
	34. Loans Payable .....	8			
	35. Mortgages Payable .....				
	36. Other Liabilities .....	4			
37. TOTAL LIABILITIES .....					
38. NET ASSETS (Item 32 less Item 37) .....			129,803	142,838	

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 022-746

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues .....		134071	56. To Officers .....	9	
40. Per Capita Tax .....			57. To Employees .....	10	38043
41. Fees .....		1001	58. Per Capita Tax .....		54942
42. Fines .....			59. Fees, Fines, Assessments, etc. ....		
43. Assessments .....			60. Office & Administrative Expense ....	13	5864
44. Work Permits .....			61. Educational & Publicity Expense ...		
45. Sale of Supplies .....			62. Professional Fees .....		
46. Interest .....		3236	63. Benefits .....	11	7789
47. Dividends .....			64. Contributions, Gifts & Grants .....	12	
48. Rents .....			65. Supplies for Resale .....		
49. Sale of Investments & Fixed Assets .....	6		66. Direct Taxes .....		3395
50. Loans Obtained .....	8		67. Withholding Taxes .....		11215
51. Repayments of Loans Made .....	1		68. Purchase of Investments & Fixed Assets .....	7	
52. On Behalf of Affiliates for Transmittal to Them .....			69. Loans Made .....	1	
53. From Members for Disbursement on Their Behalf ....			70. Repayment of Loans Obtained .....	8	
54. Other Receipts .....	14		71. To Affiliates of Funds Collected on Their Behalf .....		
			72. On Behalf of Individual Members ...		
			73. Other Disbursements .....	15	3775
55. TOTAL RECEIPTS .....		138308	74. TOTAL DISBURSEMENTS .....		125023

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 022-746

Enter Amounts in Dollars Only — Do Not Enter Cents

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____  Purpose: _____  Security: _____  Terms of Repayment: _____					
2. Name: _____  Purpose: _____  Security: _____  Terms of Repayment: _____					
3. Name: _____  Purpose: _____  Security: _____  Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <span>↑ Item 27 Column (A)</span> <span>↑ Item 69</span> <span>↑ Item 51</span> <span>↑ Item 75 with Explanation</span> <span>↑ Item 27 Column (B)</span> </div>					

# **SCHEDULE 2 — INVESTMENTS** **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 022-746

# **SCHEDULE 3 — OTHER ASSETS**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 31, Column (B)	

# **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# **SCHEDULE 5 — FIXED ASSETS**

FILE NUMBER: 022-746

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	1500	250	1250	1250
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	1500	250	1250	1250
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# **SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	
Enter the Total from Line 8 in ..... Item 49				

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 022-746

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	
		8. Net Purchases	
Enter the Total from Line 8 in ..... <span style="float: right;">↑ Item 68</span>			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ..... <span style="float: right;">↑ Item 34</span>					
..... <span style="float: right;">↑ Item 50</span>					
..... <span style="float: right;">↑ Item 70</span>					
..... <span style="float: right;">↑ Item 75</span>					
..... <span style="float: right;">↑ Item 34</span>					
..... <span style="float: right;">↑ Column (D)</span>					



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 022-746

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name First Name Title Status						
2. Last Name First Name Title Status						
3. Last Name First Name Title Status						
4. Last Name First Name Title Status						
5. Last Name First Name Title Status						
6. Last Name First Name Title Status						
7. Last Name First Name Title Status						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8						
				10. Less Deductions		
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 022-746

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name: HAGAN First Name: KIM Position: SECRETARY Name of Affiliated Organization: HERE LOCAL 181	28,545		5849		34,394
2. Last Name: HARDIN First Name: HAZEL Position: BUSINESS AGENT Name of Affiliated Organization: HERE LOCAL 181	10,400				10,400
3. Last Name: First Name: Position: Name of Affiliated Organization:					
4. Last Name: First Name: Position: Name of Affiliated Organization:					
5. Last Name: First Name: Position: Name of Affiliated Organization:					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	6,424				6,424
8. Totals of Lines 1 through 7	51,218				51,218
9. Less Deductions			13,175		
Enter the Total from Line 10 in..... Item 57 =>			10. Net Disbursements 38,043		

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 022-746

Description (A)	To Whom Paid (B)	Amount (C)
1. Pension	HERE International	4,864
2. Hospitalization	AFL-CIO Food & Beverage	2,925
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		7,789

Enter the Total from Line 6 ..... Item 63

## **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	


Enter the Total from Line 8 in ..... Item 64

## **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**


Description (A)	Amount (B)
1. Office Rent	2,015
2. Telephone	1,592
3. Office Expenses	1,440
4. Office Supplies	598
5. Fidelity Bonds	219
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	5,864

Enter the Total from Line 8 in ..... Item 60

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	0
Enter the Total from Line 17 in .....  Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Meeting Rooms	225
2. Refund Dues	125
3. 401K	3,425
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3775
Enter the Total from Line 17 in .....  Item 73	

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: 022-746

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: 022-746

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: 022-746

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
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Totals					

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: 022-746

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
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Totals					